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Case Study

UNDERSTANDING *MUTRATEETA* THROUGH A CLINICAL LENS

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ABSTRACT

Micturition or urination is a complex and multi system involved process. In the present era of varying lifestyle even the minimal alterations make a huge difference to the system and so the healthcare worker may encounter such cases during the routine practice. One among them is urinary incontinence where the symptoms are highly prevalent among women and the patient is unable to hold the urge to urinate voluntarily. As per Ayurveda, urinary disorders are classified as *Mutra Apravritti* and *Atipravritti Rogas* caused by the imbalance of *Vata dosha*, particularly *Apana Vata*, which governs the downward movement of metabolic waste including urine. This report presents the case of a 22-year-old female who experienced severe degree of symptoms with urgency and increased frequency of urination for 1 year. She also reported with associated complaints of abdominal pain. After the thorough examination, the patient was treated efficiently with the principles of Ayurveda as mentioned in the classic.

INTRODUCTION

Urinary disorders encompass a diverse spectrum of clinical manifestations that affect individuals across all age groups and genders. These diseases fall under the complex category of clinical conditions that range from mild increase in the urinary frequency to complete loss of bladder control. These disorders are not only widespread but also multifactorial - stemming from neurological, metabolic, structural, or functional abnormalities within the urinary tract system. In modern medicine, conditions such as urinary incontinence, polyuria, diabetes mellitus, diabetes insipidus, and neurogenic bladder each offer a different pathological lens through which urinary disturbances are interpreted. However, despite advancements in diagnostics and therapeutics, a holistic understanding that integrates functional and systemic imbalances remains limited.

In contrast, Ayurveda, the ancient Indian system of medicine, provides a unique framework to interpret such disorders through the lens of *Dosha* imbalance and *Srotas* (bodily channels) dysfunction. The term *Mutrateeta*, though not always directly codified, can be understood as a condition wherein there is excessive or uncontrolled discharge of urine, often linked to the vitiation of *Apana Vata* and disturbances in the *Mootravaha Srotas*. This concept aligns remarkably with various urinary disorders described in modern medicine, especially those involving polyuria, urgency, and incontinence.

Urinary incontinence is a condition characterized by the inability to hold urine, resulting in the leakage that may be occasional or frequent. It significantly impacts the quality of life leading to emotional distress, social withdrawal and decreased self-esteem, and is more prevalent among older adults and women, where it affects 25-45% of the women and 11-34% of men with increased prevalence as age advances. It can be classified into various types including stress incontinence, urge incontinence, overflow incontinence, mixed incontinence, each with different etiology and management approaches. The condition may arise due to weakening of pelvic floor muscles, neurological disorders and other underlying medical conditions. Despite its high prevalence, urinary incontinence remains underreported due to stigma, embarrassment and negligence of the patient

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leading to suffering silence. Most of the women seek medical help in their previous stages.

Neurogenic bladder (NB) is a dysfunction of the urinary bladder resulting from pathology of the central or peripheral nervous systems such as spinal cord injuries, multiple sclerosis, congenital disorders like spina bifida, diabetes etc that are involved in the control micturition urge. Neurogenic bladder not only impacts the quality of life but also predisposes patients to serious complications such as recurrent urinary tract infections, bladder stones, vesicoureteral reflux, and progressive renal damage. The primary goals in managing neurogenic bladder are to preserve renal function, prevent infections, ensure safe bladder emptying, and improve quality of life.

Given the vague and vast nature of urinary disorders, lack of control of bladder, Neurogenic Bladder conditions come under the *Mutraghata* in the prediction of Ayurveda. There are certain diagnostic confusions in this regard, conditions like lack of control of bladder, neurogenic bladder even urinary incontinence may also be critically reviewed for the final approach and diagnosis. This article seeks to explore *Mutrateeta* as a representative case of Ayurveda science where such a perspective aims not only to deepen our clinical understanding but also to enlighten the avenues of diagnosis through Ayurveda and inculcate the therapeutic strategies as mentioned in the classics.

Basti is the *Adhisthana* for all the urinary disorders [1]. It is mentioned as one of the *Trimarma* and classified under the *Dasha-pranayatana*. Having its mouth facing downward and receives the fluid i.e. urine which continuously passes through the thousand and countless fine channels known as *Mutravaha Nadi* [2]. Just like a new pot kept immersed in the water, up to the level of its mouth gets filled from all its pores. It is through these channels only the aggravated *Vata* and other *Doshas* enter the bladder and hence produces the *Vyadhi* known as *Mutraghata* and *Prameha*, etc. The *Sthana* which gives seat for the *Prana* is called as *Pranayatana* and *Basti* is mentioned in *Charaka Samhita* as one of the *Pranayatana.*[3] *Maharshi Sushruta* mentioned *Dvadasha Pranayatana* and *Vayu* being one of them[4]. There are nineteen *Sadyo-pranahara Marma* described in the textbooks of *Ayurveda* which have vital significance. [5] *Prana* mainly resides in *Hridhaya, Murdha and Basti* and hence it is important to ensure their protection as *Basti* is both a *Pranayatana* and a *Maha Marma*. *Maharshi Sushruta* described its shape as similar to *Alabu* (pitcher guard) which is supported by *Sira and Snayu* [6]. And he tells the *Basti* is situated inside the *Kati Pradesha* which is a site of collection of urine and has less of *Mamsa* and *Rakta* [7]. While *Acharya Charaka* quotes, *Basti* is situated in middle of the *Sthoola Guda* (rectum), *Mushka* (scrotum), *Seevani* (raphe) and *Nadi* (vas deferens) and ureters transporting *Mutra* and *Shukra* [8]. *Mutra Pravrutti* is regulated by the coordinated activity of physiological components, wherein *Samana Vata* facilitates the separation of *Mutra* and *Mala*, and *Apana Vata* governs their excretion. Hence, they may be classified as *Mootra Apravrutti* and *Mootra Atipravrutti Rogas*. Urinary incontinence can be classified or understood under as *Atipravrutti Roga*, where *Atipravrutti* is the *Lakshana* of *Srotodushti* i.e. *Mootravaha Srotodushti. Acharya Charaka* mentioned the *Lakshana* as *Atisrishta* (excessive urination), *Atibaddham* (excessive obstruction), *Abhikshanam* (frequent urination), *Bahala Mootra Pravrutti* (excessive quantity) [9]. Hence, the incontinence of urine can be interpreted as *Mootrateeta* which is one of the types of *Mootraghata* according to Ayurveda.

Case Report

A 22-year-old moderately built female visited the outpatient department of Kaya chikitsa, Ayurveda Mahavidyalaya and Hospital, Hubballi, on 30/01/25 (OPD reg no 25002930) with the chief complaints of Increased frequency and urgency of urination since 1-year i.e. 25-30 times per day and associated with terminal dribbling of urine. She also suffered with pain in the lower abdomen region and aversion towards food.

Her family history suggested that of consanguineous marriage between her parents.

The patient had a history of *Vegadharana* of *Mutra* and *Kshudha* due to her occupation and presented with menstrual irregularities. She has previously undergone strabismus surgery. She had a history of UTI 6 years ago which was resolved later. The patient had approached contemporary medicine and had taken treatment for the same but did not find any relief and hence she approached our hospital for the further treatment.

Personal History

Diet: Mixed

Bowel: Occasional constipation

Appetite: Poor

Micturition: Increased frequency with urgency

Terminal dribbling – Present

Hesitancy – Absent

Frequency – 25-30times / day

Nocturnal enuresis - Absent

Sleep – Normal

Clinical Findings

The patient was moderately built and average nourished body. Pallor was present and tongue was coated. Cardiac and pulmonary evaluation did not

reveal any abnormalities. On abdominal palpation, tenderness was noted in the right ileac region.

Laboratory findings

The laboratory findings dated on (04/09/24) revealed that the patient's

I. Hb levels were 13.0 g%
II. WBC levels were 15,600 cells/mm.
III. The previous investigations reveal the following data: detailed in Table 1.0

Urine routine tests dated on 27/08/24, revealed pus cells 4-6/ HPF and epithelial cells 2-4/ HPF.

Urine culture and sensitivity reports dated on 30/08/24 revealed the presence of the Pseudomonas aeruginosa bacteria which indicates the presence of some UTI infections. And further on treatment of contemporary medicine the infection was reduced.

CT abdomen & pelvis (plain) dated on 04/09/24 showed no significant abnormality.

Table 1: Laboratory findings

S.no	Date	Urine Routine	Urine Culture
1	27.08.24	Epithelial cells:2-4/ hpf Pus cells: 4-6/ hpf	Pseudomonas aeruginosa bacteria present count:>1,00,000CFU/ML
2	04.09.24	Epithelial cells:1-2/ hpf Pus cells:2-3/ hpf	No growth after 48 hours of incueation.

Dashavidha pareeksha

Prakruti: Kaphapittaja Saatmya: Madhyama
Vikruthi: Vata pradhana Tridoshaja Aahara Shakti: Abhyavarana Shakti:Avara; Jarana Shakti:Madyama
Saara: Medo sara Vyayama Shakti: Avara
Samhanana: Madhyama Vaya: Madhyama
Satva: Avara Pramana: Madhyama

General examination

Pulse: 80/min Respiratory Rate: 18/min
HR: 80/min Cyanosis: Absent
BP: 120/90mmhg Icterus: Absent
Temperature: Afebrile Oedema: Absent

MATERIALS AND METHOD

It is a single case study, and the written consent was taken from the patient.

Chikitsa

Classical Ayurvedic texts, emphasizes the central therapeutic role of *Basti* in the management of *Vata*-dominant disorders, highlighting its significance in *Vata Vyadhi Chikitsa*. Since urinary disorders often stem to the imbalance in *Apana Vata, Basti* is highly beneficial in conditions like urinary retention, urinary incontinence, dysuria and other bladder dysfunctions, just as the comb arranges the entangled hair in order, similarly does *Basti* to the deranged *Doshas* by bringing them to normalcy. The classical principles of treatment mentioned in Ayurveda for various urinary disorders were appropriately adopted in the management of *Mutrateeta*. According to *Charaka Samhita Sutrasthana* [10], signs such as *"Bastimehanayo shulam"* i.e. pain in the bladder and genital region, *Mutrakrichra* (difficulty in urination), *Shirashula* (headache), and abdominal distension are seen in conditions of urinary obstruction. Management includes *Swedana* (fomentation), *Avagaha swedana* (tub bath, *Abhyanga* (massage), internal administration of *Ghrta* (ghee) and various forms of *Basti* (medicated enema). For *Adhonabhigata Vata* [11], where there are *Lakshanas* like *Mutra Atipravritti, Vibandha*, pain in the lower abdomen or pelvis, dysmenorrhea, low back pain. *Acharya Charaka* advocates the administration of *Basti Karma* and *Avapidaka* therapies in the lower abdominal region, emphasizing their efficacy in addressing specific physiological imbalances. In the case of *Mutrāvṛta Vāta* [12], where the line of treatment includes *Mutrala dravyas, Swedana,* and *Uttara basti.* For *Mutraghata* [13], treatment should be planned based on the vitiated *Doshas*. Therapies include use of *Mutrakrichchrahara* drugs, *Basti*, *Uttara Basti*, and *Snigdha virechana,* as described in *Bhaishajya Ratnavali.* The treatment of *Mutrateeta* incorporated multiple *Chikitsa Siddhantas,* as mentioned above, reflecting a comprehensive approach rooted in core principles of Ayurveda.

The patient was admitted to the Inpatient department of *Kayachikitsa* and treatment was planned according to the *Dosha* and *Dushya.*

At first *Sarvanga Abhyanga* with *Maha Narayana Taila* was advised followed by *Nadi Sweda*. *Niruha basti* was given with *Madhu, Saindhava lavana,* with *Sneha dravyas* like *Sukumaraghrta, Vastyamantaka ghrta* and *Kalka churnas* of *Ashwagandha churna, Yasthimadhu churna, Musta churna, Guduchi Churna* all together mixed with the *Kashayas* like *Saptasharam kashayam, Mustadimarma kashayam* and *Prakshepaka dravyas* like *Chincha* and *Gudapaka* for 12 days. *Anuvasana Basti* was administered on alternate days using 20ml each of *Sukumara Ghrita* and *Vastyamayantaka Ghrita,* with the *Shamanoushadhi* mentioned in the table 3.0 and

significantly reduction of the symptoms were noted by 50%.

A gap of 22 days was given. Later during the 2nd follow up *Sarvanga Abhyanga* with *Balaashwagandha taila* and *Vatari Taila* was advised. *Yapana Basti* was planned with *Madhu, Saindhava Lavana, Ghrta* like *Vastyamayantakam Ghrta, Sukumara Ghrta, Kalka dravyas* like *Ashwangandha churna, Yasthimadhu churna, Guduchi churna, Musta churna* –10g each, all together mixed with the *Kashaya dravyas* like *Trnapanchamula Kashaya, Brihatyadi Kashaya, Virataradi Kashaya* and *Ksheera.*

Table 2: Detailed treatment

S.no	Treatment date	Treatment type: Medicines and dosage	Patient findings
01	1st admission (06/02/24) to 17/02/24)	• *Sarvanga Abhyanga* with *Maha Narayana Taila* • *Nadi Sweda* • *Basti- Niruha* and *Anuvasana* • *Niruha basti –* *Saptasara kashaya -100ml* *Mustadimarma Kashaya-100ml* *Sukumara ghrta –20ml* *Vastyamantaka ghrta- 20ml* *Saindhava lavana-5g* *Guda paka –30g* *Chincha-30ml* *Kalka churna* *Ashwagandha, Yasthimadhu, Musta, Guduchi choorna –15g* • *Anuvasana Basti – Sukumara Ghrta* and *Vastyamantaka Ghrta* 20ml each	Patient retained the *Niruha Basti Dravya* for 5 mins and *Pratya gamana kala* of *Anuvasana Basti* was more than 6 hours. The frequency of urination was reduced by 50%. The abdominal pain was also reduced.
02	2nd Admission (12/03/25 to 20/03/25)	• *Sarvanga Abhyanga* with *Balaashwagandha taila* and *Vatari Taila.* • *Nadi swedana* • *Yapana Basti* with *Trnapanchamula Kashaya – 30ml* *Brihatyadi kashaya – 30ml* *Virataradi Kashaya – 30ml* *Ksheera –500ml* *Vastyamayantaka Ghrta – 20ml* *Sukumara Ghrta – 20ml* *Madhu – 40ml* *Lavana – 5g* *Kalka churna: Ashwagandha, Yasthimadhu, Guduchi, Musta* –10g each	The *Basti pratyagamana kala* was 5 mins. The patient felt reduction in the frequency and urgency and abdominal pain was also reduced significantly.

Table 3: *Shamanoushadhis*

S. No	1st Admission	2nd Admission
01	*Naladadi Ghrta 1tsp BD (A/F)*	*Abhayaristha 10ml BD*
02	*Cap.Sukumara Ghrta 1BD (A/F)*	*Vidaryadi kashaya 5mlBD*
03	*Virataradi Kashaya 2tsp BD (A/F)*	*Pushyanuga churna (1/4tsp BD A/F)*
04	*Kasturyadi Gulika (Vayu Gulika) 1BD*	*Syp. Karela Jamun 10ml BD*
05	*Elaajamodadi Lehya 1tsp BD (A/F)*	*Palasha Kshara* with *Madhu 1* pinch
06	*Abhayaristha 1tsp BD (A/F)*	

Table 4: Synergistic Effect of *Yoga*

Action	*Naladadi Ghrta*[14]	*Sukumara Ghrta*[15]	*Virataradi Kashaya*[16]	*Vayu Gulika*[17]	*Ela Ajamodadi Lehya*
Vata-Pitta Shamana	✓✓✓	✓✓	✓✓	✓✓	✓✓
Apana Vayu regulation	✓✓	✓✓✓	✓✓✓	✓✓	✓
Bladder sphincter strengthening	✓✓	✓✓✓	✓✓✓	-	-
Neuro-muscular coordination	✓✓	✓✓	✓✓✓	-	-
Reducing urgency and frequency	✓✓	✓✓	✓✓✓	✓✓	✓
Sthambhana (preventing leakage)	✓✓	✓✓✓	✓✓	-	-
Rasayana (tissue rejuvenation)	✓✓✓	✓✓✓	✓✓	-	-

Table 5: Ayurveda Analysis of Each Formulation

Formulation	Main Actions *(Karma)*	Effect on Urinary Incontinence
Pushyanuga Churna[18]	*Sthambana, Shothahara, Vranaropaka*	Tones the bladder muscles, prevents excessive urine leakage, reduces inflammation of the urinary tract.
Karela Jamun Syrup	*Mehahara, Mutradoshahara, Raktashodhaka*	Regulates excessive urination in diabetes-related incontinence, detoxifies the urinary system.
Palasha Kshara[19]	*Lekhana, Mutradoshahara, Shodhana*	Strengthens bladder control, prevents mucus accumulation in the urinary tract, reduces *Kapha*-related sluggishness.
Abhyaristha[20]	*Vatanulomana,Deepana Mutradoshahara*	Corrects *Apana Vata* imbalance, prevents urinary retention, improves bladder function.

Outcome

The administration of *Niruha Basti* with *Saptasara Kashaya* and *Mustadimarma Kashaya* along with *Anuvasana Basti* of *Sukumara Ghrta* and *Vastyamantaka Ghrta* given for 12 days, followed by a second 9-day course of *Yapana Basti* effectively facilitated the elimination of *Aama* from the colon and restored the normal *Gati* of *Apana Vata*. The patient reported reduction in the severity of the frequency and urgency of micturition from every 15-20 mins which improved drastically to 1 hour, along with reduction in the lower abdominal pain and improved digestion.

DISCUSSION

Patient presented with the chief complaints of frequent urination since 1-year i.e., 25-30 times per day and associate with terminal dribbling of urine. She also suffered with pain in the lower abdomen region and aversion towards food, with the past history of UTI and menstrual irregularities.

The diagnosis of *Mutrateeta* was made in the light with the history of presenting symptoms. The patient had a sedentary lifestyle with the history of *Vegadharana* of *Mutra* and *Kshudha* due to the occupational setup, along with stress and aversion towards the food. The series of complaints reflected upon the increased *Rukshata* and vitiation of *Vata* predominantly *Apana vata* which resulted in the *Mutravaha srotodusthi* and presented with the symptoms of *Atipravritti* (increased frequency of micturition) and *Sanga* of the respective *Srotas*. The choice of *Mahanarayana taila* for *Abhyanga* was made. As a classical medicated oil, it is highly revered for its *Vatashamaka* and *Balya* (strength-promoting) properties. It contains 53 ingredients like *Ashwagandha, Bala, Shatavari,* and *Dashamoola, Laksha, Yasthimadhu Agnimantha* with *Tila Taila* as base [21]. When applied externally- through *Abhyanga* (massage) or *Lepa* (local application)- particularly over the pelvic, sacral, lower abdomen, or suprapubic area over the regions where localized *Apana Vata* imbalance is suspected, it facilitates localized transdermal absorption. The warm, unctuous qualities penetrate the skin and *Srotas* (channels) locally. Ingredients like *Ashwagandha* and *Bala* are *Balya* and *Brumhana*, strengthening the musculature and

connective tissues around the bladder, pelvic floor, and lower abdomen. This supports better control of bladder functions, reducing symptoms like dribbling or incomplete urination. External heat and oil massage improves microcirculation, reducing localized stasis of *Apana Vata.* Enhanced blood and lymphatic flow facilitate the tissue healing and restores normal neuromuscular coordination. Psychological Effect: Warm oil massage has a calming effect on the nervous system *(Manovaha Srotas)*, reducing anxiety, which indirectly supports better voluntary control over micturition. Through rhythmic massage techniques- such as circular strokes over the lower abdomen and kneading of the sacral area- the procedure stimulates *Apana Vata,* encouraging normal *Mutrapravritti*. Additionally, the application improves *Srotas* (channel) permeability and supports nerve function and strengthening the pelvic and bladder muscles. The combined effect of *Abhyanga* and *Swedana* (local sudation) facilitates in promoting nourishment to the tissues, and ultimately restores urinary flow, making it a valuable adjunctive therapy in the management of chronic urinary disorders like *Mutrateeta*.

Here, the bladder is getting affected by *Dushta dosha* hence *Basti* becomes the best line of treatment for *Marma dosha* i.e., *"Na hi Basti samam Kinchit Bastasya marma paripalanam"* for the *Marma Paripalanartha.* In conditions such as *Marmabhighata, Vata* is the main culprit, Hence *Basti* becomes the prime line of treatment here. Hence, *Niruha Basti* which is aims at regulating *Apana Vaigunya,* focuses over the *Apana sthana* and strengthens the bladder. Hence the choice of *Niruha* was made with *Saptasaram Kashayam* and *Mustadimarma Kashaya* where these *Kashayas* provide *Bala* to *Marma, Snayu, Peshi* and its *Avayavas,* along with *Anuvasana Basti* of *Sukumara Ghrta* and *Vastyamantaka Ghrta* which aims at providing *Bala* to *Sadyapranahara marma, Snayu* and *Peshi* were the prime choices.

Saptasara Kashaya explained in the *Sahasrayoga prakarana*[22] possessing the properties of *Madhura, Tikta, Kashaya rasa, Laghu snigdha guna, Usna veerya* and *Madhura vipaka* renders multiple effects by Working as a *Vatanulomaka, Shothahara, Basti* and *Mutradoshara* and *Srotoshodhaka.* hence it is more beneficial in urgency and overflow incontinence due to its *Vata-Kapha* balancing and anti-inflammatory properties.

Mustadi marma Kashaya with the *Guna* of *Laghu, Tikta* and *Ushna,* provides *Bala* to the *Marma* in cases of *Marmabhighata, Snayu, Peshi* and its *Avayavas,* strengthening pelvic muscles and enhancing neuromuscular coordination for sustained urinary control.

Sukumara Ghrta explained in the *Ghrta prakarana* of *Sahasrayogam*[23] has the qualities of *Madhura rasa, Tikta rasa, Snigdha guna mruduguna* and *Sara guna* aids in *Apana vata prashamana, Yoni* and *Mutradoshahara, Rasayana* and thereby is widely a preferable choice in cases of *Mutrakrichra, Mutraghata, Ashmari Vyadhis. Vastyamayantaka ghrta* explained in the *Ghrta prakarana [24]* of *Sahasrayogam* with the *Phalashruthi* as *"Sarvan bastigataan gadaan"* with *Guna* of *Snigdha guna, Madhura rasa, Guru guna* and helps in *Vata shamana* and acts as *Mutrasthambhaka, Balya, Bruhmana* and *vatapittahara.* As *Sneha karma* is *"Snehanam Sneha Vishyandam Mardav Kledakarakam"[25] Sneha* is *Mardavakara, kledakaraka* and *Karma* of *Mutra* is *"Mutrasya kledavahanam"* [26] and hence the *Kleda guna vriddhi,* and the balance in the *Kleda tatva* is possible only by the administration of *Sneha*.

Acharya Charaka elaborates *Yapana basti* as superior in *Ayuvardhaka and Balya*. Hence *Yapana basti* with the following *Madanvarga dravyas like Trnapanchamula varga, Brihatyadi gana, Virataradi gana* along with *Ksheera* was the choice of treatment made.

Trnapanchamula Kashaya explained in the *Mutrakrichra Adhikara* of *Bhaishajya ratnavali* [27] *as "Basti Vishodanam"* possessing the properties of *Madhura rasa, Tikta rasa, Kashaya rasa, Snigdha guna* and *Shothahara guna* and *Sheeta veerya* aids in reducing the inflammation like in the conditions of cystitis and infections, irritation of bladder and thus prevents retention.

Brihatyadi kashaya which is mentioned in the *Mutraghata adhyaya* of *Astanga Hridaya*[28] by the properties of *Sthira* and *Ushna veerya* acts as *Mutrala, Apana vata* and *Pitta shamana* and *Shukravardhaka, Balya* by strengthening the pelvic muscles preventing frequent urges.

Virataradi gana is indicated in *Sakala mutra rogas* including *Ashmari, Prameha, Mutrakrichra* and various urinary anomalies and syndromes. and hence this *Kashaya* acts as *Vatanulomaka, Rasyana* and *Sthambaka* by *Snighdha mrudu guna ushna veerya* and *Tikta Kashaya rasa.*

The use of *Ksheera* as a primary base in *Yapana Basti* plays a critical role in addressing this *Vata* disorder through its unique pharmacodynamic properties. *Ksheera* is described in classical texts as *Snigdha, Madhura, Sheeta,* and *Brimhana* - qualities that directly counteract the *Ruksha* (dry), *Sheeta* (cold), and *Khara* (rough) nature of aggravated *Vata Dosha.* When administered via *Basti, Ksheera* serves not only as a nutritive base but also as a therapeutic vehicle that enhances the delivery and efficacy of co-

administered *Vatahara* herbs such as *Bala, Gokshura,* and *Guduchi.* From a functional standpoint, the *Brimhana* and *Rasayana* effects of *Ksheera* support the tonicity and nourishment of pelvic muscles, bladder sphincters, and neural pathways responsible for proper micturition. Furthermore, its *Mutrala* (mild diuretic) action aids in the gentle stimulation of urinary flow while soothing the inflamed or hypersensitive urinary tract. This is particularly relevant in chronic or neurogenic forms of *Mutrateeta*, where *Dhatu Kashaya* (tissue depletion) and local *Vata* obstruction contribute to dysfunction. Additionally, the unctuous and nourishing nature of *Ksheera* facilitates *Srotoshodhana* (microchannel clearance), potentially improving bladder innervation and functional capacity. This aligns with the concept of *Yapana Basti*, which is specifically designed for both nourishment and long-term tissue support in chronic, degenerative *Vata* conditions. Thus, the incorporation of *Ksheera* in *Yapana Basti* offers a multidimensional therapeutic effect in pacifying *Vata*, restoring neuromuscular function, and enhancing urinary output- making it particularly effective in the integrative management of urinary retention disorders. Thus, the combined effect of these treatments aided in serving the purpose efficiently.

CONCLUSION

This unique approach of combining *Niruha* and *Anuvasana Basti* and *Shamanoushadhi's* with carefully chosen formulations created a desired and profound impact on systemic detoxification, nourishment, and restoration. It is especially beneficial for conditions like chronic urinary disorders like *Mutrakrichra, Mutraghata, Ashmari*, lower back pain, gynaecological disorders and neurological imbalances. By harmonizing *Vata* and strengthening the digestive and nervous systems, this therapy paves the way for sustained vitality, balance, and holistic well-being and improved quality of life specially in the cases of *Mutravaha sroto Vikaras.*

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